GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

Home Visiting Services

AMENDED REQUEST FOR APPLICATIONS

Amended Sections: 1.5.2 and 5.2

FO# CHA_HVS_6.30.23

SUBMISSION DEADLINE:

TUESDAY, AUGUST 1, 2023, BY 6:00 PM

The Department of Health (DC Health) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or DC Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# CHA 6.30.23
RFA# CHA_HVS_6.30.23
Home Visiting Services

The District of Columbia, Department of Health (DC Health) is requesting proposals from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

Funding Opportunity Title:	Home Visiting Services
Funding Opportunity Number:	FO# CHA_HVS_6.30.23
RFA ID#:	CHA_HVS_6.30.23
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Funding Opportunity Contact:	Early Childhood Health Division Family Health Bureau Community Health Administration ECHD.DCHealth@dc.gov
Funding Opportunity Description:	This funding opportunity seeks to expand in-home parenting education using Parents as Teachers, an evidence-based home visiting model that supports improving health outcomes for pregnant mothers and caregivers with children ages zero through five years old.
Eligible Applicants	Community-based organizations
Anticipated # of Awards:	Up to 2
Anticipated Amount Available:	$600,000
Annual Floor Award Amount:	$300,000
Annual Ceiling Award Amount:	$600,000
Legislative Authorization	FY24 Budget Support Act of 2023

Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	June 30, 2023
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	August 1, 2023
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, and be registered in the federal Systems for Award Management (SAM) with an active UEI# to be registered in DC Health's Enterprise Grants Management System.

CONTENTS

RFA TERMS AND CONDITIONS **6**
CHECKLIST FOR APPLICATIONS **8**
1. GENERAL INFORMATION **9**
1.1 Key Dates 9
1.2 Overview 9
1.3 Purpose 9
1.4 Source of Grant Funding 10
1.5 Award Information 10
1.5.1 Amount of Funding Available 10
1.5.2 Period of Performance and Funding Availability 10
1.5.3 Eligible Organizations/Entities 10
1.5.4 Non-Supplantation 10
2. BACKGROUND **11**
2.1 Demographic Overview 11
2.2 Program Information 13
3. PURPOSE **13**
3.1 Approach 14
4. PERFORMANCE REQUIREMENTS **14**
4.1 Target Population 14
4.2 Location of Services 14
4.3 Allowable Activities 14
4.4 Program Strategies 15
5. APPLICATION REQUIREMENTS **18**
5.1 Eligibility Documents 18
5.2 Proposal Components 19
6. EVALUATION CRITERIA **26**
Criterion 1: Need 26
Criterion 2: Implementation 27
Criterion 3: Evaluative Measures 27
Criterion 4: Capacity 27
7. REVIEW AND SCORING OF APPLICATION **28**
7.1 Eligibility and Completeness Review 28
7.2 External Review 28

7.3 Internal Review 29
8. POST AWARD ASSURANCES & CERTIFICATIONS 29
9. APPLICATION SUBMISSION 29
9.1 Register in EGMS 30
9.2 Uploading the Application 31
9.3 Deadline 31
10. PRE-APPLICATION MEETING 31
11. GRANTEE REQUIREMENTS 32
11.1 Grant Terms & Conditions 32
11.2 Grant Uses 32
11.3 Conditions of Award 32
11.4 Indirect Cost 33
11.5 Insurance 33
11.6 Vendor Registration in PASS 33
11.7 Audits 33
11.8 Nondiscrimination in the Delivery of Services 33
11.9 Quality Assurance 34
12. ATTACHMENTS 35
APPENDIX A: MINIMUM INSURANCE REQUIREMENTS 36

RFA TERMS AND CONDITIONS

The following terms and conditions are applicable to this, and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local, federal, or private) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health may conduct pre-award site visits (either in-person or virtually) to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.

L. DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.

N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including 2 CFR 200 and Department of Health and Services (HHS) published 45 CFR Part 75, payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding agency; and compliance conditions that must be met by the awardee.

P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: https://oca.dc.gov/page/division-grants-management or click here: Citywide Grants Manual and Sourcebook.

If your organization would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please visit the DC Health Office of Grants Management webpage, here. Any additional questions regarding the RFA Dispute Resolution Policy may be directed to the Office of Grants Management (OGM) at doh.grants@dc.gov. Your request for this document will not be shared with DC Health program staff or reviewers.

CHECKLIST FOR APPLICATIONS

- ☐ Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).
- ☐ Complete your EGMS registration at least **two weeks** prior to the application deadline.
- ☐ Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

The complete **Application Package** should include the following:

- ☐ Certificate of Clean Hands dated within 60 days of the application deadline
- ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
- ☐ Current certificate of insurance
- ☐ Copy of cyber liability policy
- ☐ IRS tax-exempt determination letter (for nonprofits only)
- ☐ IRS 990 form from most recent tax year (for nonprofits only)
- ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
- ☐ Assurances, certifications and disclosures
- ☐ Proposal abstract
- ☐ Project narrative
- ☐ Budget table
- ☐ Budget justification
- ☐ Organization chart
- ☐ Staffing Plan
- ☐ Work plan
- ☐ Risk Self-Assessment
- ☐ Letters of Commitment

- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the "Proposal Components" (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.

☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **June 16, 2023**
- Request for Application Release Date: **June 30, 2023**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **August 1, 2023**
- Anticipated Award Start Date: **October 1, 2023**

1.2 OVERVIEW

The mission of DC Health is to promote and protect the health, safety, and quality of life of residents, visitors, and those doing business in the District of Columbia. The agency is responsible for identifying health risks; educating the public; preventing and controlling diseases, injuries, and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

The Community Health Administration works to prevent the leading causes of death, protect and promote the health of mothers and children and eliminate racial and ethnic health disparities in health. CHA focuses on nutrition and physical activity promotion; cancer and chronic disease prevention and control; access to quality primary health care services; and the health of families across the lifespan. CHA's approach targets the multiple factors that influence health through evidence-based programs, policies and systems change.

The Family Health Bureau works to protect, promote and improve the health of families through screening and surveillance, education, community-clinical linkages, family strengthening programs, preventive services, and positive youth development.

1.3 PURPOSE

The purpose of this funding is to ensure that children and families have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passage through the early years. DC Health promotes home visiting programs as a primary strategy in achieving these goals.

1.4 Source of Grant Funding

Funding is anticipated to be available using FY24 Budget Support Act of 2023[1].

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $600,000 is anticipated for up to two (2) awards for the first budget period.

1.5.2 Period of Performance and Funding Availability

The first budget period of this award is anticipated to begin on October 1, 2023 and to continue through September 30, 2024 After the first budget period, there will be up to four additional 12-month budget periods for a total project period of October 1, 2023–September, 2027 The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Nonprofit organizations
- Community-based organizations
- Faith-based organizations

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations.

1.5.4 Non-Supplantation

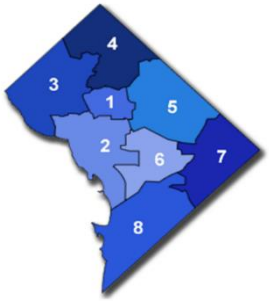
Recipients may supplement, but not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

[1] Funding is subject to change based on availability

2. BACKGROUND

2.1 DEMOGRAPHIC OVERVIEW

The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[2,3] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-64 (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).[4]



Regarding race and ethnicity, the District's population is highly diverse—approximately 41% Black/African American, 38% White, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[5] However, the population is also highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents. In contrast Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents. While the 2021 District-wide median household income was more than $91,000, median household income in Ward 3 was more than 3.6 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[6] In December 2021, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 3, the lowest in the District.[7]

---

[2] Government of the District of Columbia, Office of Planning. *District of Columbia Population Change by Ward: 2010 to 2020.* Published August 13, 2021. https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/Map%20-%20Population%20Change%20by%20Ward%202010-2020.pdf

[3] NOTE: In April 2020, the District decennial census data was collected. Some preliminary data analysis has been completed and disseminated; however, it is important to note that DC census takers continue to evaluate the 2020 census data and address data concerns surrounding undercounting of residents of color, discrepancies with the Census' American Community Survey (ACS) data, and the impact of the COVID-19 pandemic on data collection. https://planning.dc.gov/node/1553646

[4] United States Census Bureau. American Community Survey 1-year estimates. Census Reporter Profile: District of Columbia. https://censusreporter.org/profiles/04000US11-district-of-columbia/. Published 2019

[5] United States Census Bureau. QuickFacts: District of Columbia. https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220

[5] DC Open Data. DC Health Planning Neighborhoods. https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about. Updated December 8, 2021.

[6] DC Health Matters. *2021 Demographics.* https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece_72

[7] DC Department of Employment Services. *Labor Force, Employment, Unemployment, and Unemployment Rate by Ward.* https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf

Table 1: Selected Characteristics of DC Residents, by Ward.

	White, Non-Hispanic (2020)	Black/ African American, Non-Hispanic (2020)	Hispanic/ Latino, any race (2020)	Median Household Income (2021)	Unemployment Rate (Dec. 2021)
Ward 1	46.9%	21.5%	20.2%	$110,339	3.7%
Ward 2	64.3%	8.2%	10.9%	$112,244	3.1%
Ward 3	69.2%	7.0%	9.7%	$143,339	2.9%
Ward 4	26.9%	43.3%	22.0%	$94,163	4.9%
Ward 5	23.6%	56.5%	11.6%	$91,189	6.5%
Ward 6	55.3%	26.1%	7.3%	$113,922	4.4%
Ward 7	3.6%	87.5%	4.7%	$42,201	9.0%
Ward 8	4.5%	87.8%	3.3%	$39,473	12.1%
District-wide	38.0%	40.9%	11.3%	$91,414	5.8%

Health of District Residents

While the overall health of District residents has improved during the past decade, health disparities and inequities are evident by race, income, and geography across the District of Columbia[8]. Infant mortality, which is the death of a baby before his or her first birthday, is an important indicator of the health and well-being of a population. Infant mortality in the District has declined, with the rate per 1,000 live births falling from 13.6 in 2005 to 4.5 in 2020. While all groups saw a decrease, the mortality rate The infant mortality rate was significantly higher for infants of non-Hispanic black mothers (10.0 per 1,000 live births) compared to infants of Hispanic mothers (3.6 per 1,000 live births) and infants of non-Hispanic white mothers (2.0 per 1,000 live births)[9] Differential health outcomes also persist across the life course, as evidenced by self-reported fair or poor health by race and gender. While 3.9% of White residents fall into this category, nearly 1 in 5 Black residents (19.5%) report fair/poor health, which is over twice that of all other races, at 9.1%.[10]

Child Health

About 18% of the District's population is comprised of children under 18 years of age, with the majority of children under six (43%). Most children are Black/African American (58.5%) followed by White (26.5%) and Hispanic/Latino (15.9%). The median income for families with

[8] Health Equity Report: District of Columbia 2018. https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

[9] Perinatal Health and infant Mortality Report 2020. https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022-07-CPPE-PHIMreport-9-web.pdf

[10] DC Health, BRFSS Surveillance System

children is $78,633, yet 25% of families live below poverty level and about 39% use public assistance (i.e., SSI, cash public assistance, or Food Stamp/SNAP benefits). Within households, most children live with their biological parent (83.5%), followed by their grandparent (11.6%). A strong predictor of positive health outcomes is one's health at birth. Poverty during a child's life under the age of five can increase the risk of experiencing lower socioeconomic status later in adulthood and contribute to a cycle of poverty among future generations. Neighborhoods in Wards 7 and 8 (Lincoln Heights, Stadium-Armory and Douglass, St. Elizabeth's, respectively), and some neighborhoods in Ward 5, have the highest concentrations of children under five living in poverty[11].

Home Visiting

In 2019, 14 organizations within the District of Columbia implemented 18 home visiting programs. Of these home visiting programs, 16 reported the capacity to serve 1,347 children and families across all eight wards. More than half of the programs reported that the majority of their families resided in Ward 8. In the 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment, an estimated 1,781 families living in Wards 7 and 8 were likely to be eligible for home visiting services. With the addition of Ward 5, an estimated 2,592 families are eligible for home visiting services in the District.

2.2 PROGRAM INFORMATION

Parents as Teachers home visiting model

Evidence-based home visiting models address physiological, social, psychological, economic, family, and other factors that influence children's health and development. The applicant must be a current certified affiliate or obtain affiliation within 6 months from the award date, from the model developer to implement the Parents as Teachers (PAT) evidence-based home visiting model. Parents as Teachers is an evidence-based home visiting model that promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers. The program model can be offered prenatally through kindergarten and is replicated by various types of organizations including, health departments, nonprofit organizations, hospitals, and school districts.[12]

3. PURPOSE

DC Health is requesting proposals from qualified applicants to provide Home Visiting Services implementing the Parents as Teachers evidence-based model.

[11] District of Columbia Department of Health Five-Year Maternal Needs Assessment Summary 2021-2025. September 2020.

[12] Parents as Teachers. (2023, February 15).

3.1 Approach

DC Health seeks community-based organizations that can implement Parents as Teachers an evidence-based home visiting model to improve children's social and emotional adjustment by providing assessment-driven support for parents to encourage and support positive parenting, and to reduce coercive conflict, reduce young children's emotional distress, and increase young children's self-regulation and school readiness.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 Target Population

The target population for this RFA are pregnant mothers and families with children ages zero through five years old (0-5) residing in communities with high or disproportionate concentrations of the following indicators: premature births; low-birth weight infants; infant mortality (including infant death due to neglect); child maltreatment; and, other indicators conferring risk for poor perinatal, newborn, or child health outcomes (ex. poverty; crime; domestic violence; less than high-school education; substance abuse; unemployment).

In addition to serving communities with the high concentrations of the indicators listed above, the following sub-populations must be given priority in providing services:

- Families with mothers under the age of 21,
- Families with a history of child abuse or neglect or who have had interactions with child welfare services,
- Families with a history of substance abuse or in need of substance abuse treatment,
- Families experiencing unstable housing or homelessness,
- Families with caregivers who are currently incarcerated or previously incarcerated within the last 12 months,
- Families with caregivers who have intellectual disabilities caring for children ages 0 through 5; and
- Families of children with developmental delays or disabilities.

4.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered in Wards 5, 7, & 8.

4.3 Allowable Activities

All staff must be trained by the model developer to implement the Parents as Teachers model to fidelity and submit affiliation and staff training certification to DC Health. During the period of

performance, the applicant must maintain their affiliation status and implement the model to fidelity.

Fidelity to a Home Visiting Service Model – Applicants must ensure fidelity of implementation of the Parents as Teachers model and document fidelity compliance. Fidelity includes the awarded applicant's adherence to all model developer requirements for high-quality implementation, as well as any applicable affiliation, certification, or accreditation required by the model developer, as applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting[13] and retaining[14] clients
- Providing initial and ongoing training, supervision, and professional development for staff
- Establishing a management information system to track data related to fidelity and services
- Analyze program data to track progress of implementation and participants' outcomes
- Developing an integrated resource and referral network to support client needs.

Changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as "drift") are not permissible, as changes can impair fidelity and undermine the program's effectiveness.

Model Enhancements - Applicants who wish to adopt enhancements to an existing evidence-based model to better meet the needs of targeted communities must secure written prior approval from DC Health to ensure that enhancements do not alter core components. Applicants shall provide a detailed implementation plan 60 days from award that, at minimum, includes the following performance requirements:

- A plan and a description of the technical assistance and support to be provided through the national model and DC Health, if applicable.

4.4 Program Strategies

Grantee shall employ strategies and implement activities in the service areas outlined in this section. Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so:

[13] To actively seek and encourage program participation and enrollment of eligible caregiver(s) and their child(ren) into DC Health Home Visiting Services

[14] To ensure families are encouraged to remain actively enrolled and engaged for the recommended length of enrollment and benefit from associated expected outcomes.

- Please see Attachment 4 for the Key Performance measures

Screenings

The applicant shall screen families for risk and refer families and children to the appropriate services if necessary. The applicants shall ensure that home visiting staff are appropriately trained to administer, score and interpret screening tools; and communicate assessment results to families. A successful applicant must use the following screening tools:

• **Ages & Stages Questionnaires (ASQ-3)5 *-** Developmental screeners given to parents to see how a child's development compares with other children of the same age;

• **Ages & Stages Social and Emotional (ASQ:SE-2)6*** - Parent-completed tool with a deep, exclusive focus on children's social and emotional development, used for early identification of social-emotional problems;

• **Patient Health Questionnaire-9 (PHQ-9)** - Self-test that measures depressive feelings and behaviors during the past week to determine a person's depression quotient;

• **Abusive Behavior Inventory (ABI)** - Self-report, 30-item screening tool that asks participants on a Likert scale (1-5) to report the frequency of abusive behaviors during a 6-month period.

** Participation in DC Health's Screening HUB or alternate Data collection Platform. The Screening HUB collects screening data from state and local organizations, early intervention programs, and early childhood education programs to reduce the duplication of services and connect families to timely and appropriate services.*

Centralized Intake System

Applicants shall participate in DC Health's Help Me Grow Centralized Intake Process. In 2018, the Birth-to-Three for All DC Amendment Act of 2018 initiated the development of a centralized intake system in the District. The legislation mandated that a centralized screening and referral mechanism be developed to facilitate the provision of home visiting services to families with infants and toddlers. The applicant shall provide updated enrollment numbers as well as opening for referrals. [15]

Referrals

The applicant's home visitors shall make the appropriate referrals based on the family's needs and screenings results from the screening tools listed above. The home visitor and/or other designated staff shall also follow up on any referral made and provide assistance in completing referrals as participants' circumstances necessitate.

Implementation

[15] Technical Assistance will be provided on Centralized Intake System participation

Applicants shall provide a detailed implementation plan 60 days from award that, at minimum, includes the following requirements:

- A plan for working with the national model developer and a description of the technical assistance and support to be provided through the national model, if applicable;
- Protocols for data collection, reporting, and monitoring program fidelity in an accurate and timely manner; applicant must participate in DC Health's Data Collection Reporting System.
- Policies and procedures for tracking participant consent (e.g., forms), conducting and recording screening[16], and sharing participant's information for referral purposes;
- Policies and procedures to ensure compliance with certification and training requirements mandated by any of the national administrative organizations that oversee implementation of these evidence-based home visit models; and

Staffing Requirements

The applicant shall ensure that the appropriate program staff is hired to fully implement the program. Staff should be in place at the time of funding opportunity or within 120 days from the date awarded. The applicant's program staff shall include, but not be limited to, one full-time supervisor, and the number of part-time or full-time home visitors needed to maintain the required staff to participant ratio.

- The supervisor is a key role that is responsible for direct staff supervision and oversight of the day-to-day implementation of the program. As such, there should be one full time (100% FTE) staff person for this position. It is required that the supervisor be solely dedicated to the oversight of only the staff funded by this award and only the activities that are directly funded by this award. The supervisor shall have a minimum education of a bachelor's degree in early childhood education, elementary education, family or adult education, social work, or a related field. Additionally, the supervisor must have two years of experience providing direct services to the identified target population.

Reporting

The applicant shall be required to adhere to the reporting schedule established by DC Health, which includes, but is not limited to, data and updates on the following[17]:

- Monthly time study logs for the supervisor, home visitors and other staff that are funded 25% or more from this award.
- Primary data entry into DC Health's Data Collection and Reporting System, including but not limited to:
    - Demographic data on participants
    - Clients and children enrolled status

[16] Ibid., p. 14

[17] DC Health will provide templates and technical assistance where appropriate. Reporting requirements are also subject to change.

    - Clients and children screening data
    - Client contact logs (home visits, email, letters, etc.)
    - Clients and children's referrals
- Coordination/linkages of data feeds from applicant's Electronic medical Record (eMR)/Electronic Health Record (eHR) data feeds
- Quarterly spend plans
- Copies of model developer's reports, included but is not limited to annual reports

5. APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

This document is issued by the Office of Tax and Revenue and must be dated within 60 days of the application deadline.

Current Business License

A business license issued by the Department of Licensing and Consumer Protection or certificate of licensure or proof to transact business in local jurisdiction.

Current Certificate of Insurance

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

Copy of Cyber Liability Policy

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

IRS Tax-Exempt Determination Letter

This applies to nonprofits only.

IRS 990 Form

This must be from the most recent tax year. This applies to nonprofits only.

Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board.

This CANNOT be signed by the executive director. This must be dated within 90 days of the application deadline.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

This document must be signed by an authorized representative of the applicant organization.

Note: Failure to submit **ALL** the above attachments will result in a rejection of the application from the review process. The application will not qualify for review.

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

A one-page project abstract is required. Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.
- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

PROJECT NARRATIVE (10-page maximum)

The narrative section should describe the applicant's approach to the project area that the application will address and describe the purpose of the proposed project. It should also describe the target community, or communities, in which the project will be located and the population to be served, including population size, and other demographic characteristics. Where feasible and appropriate, use local data to describe the health status of the intervention population, including health disparities that characterize the population.

The narrative should include the following sections:

OVERVIEW

This section should briefly describe the purpose of the proposed project and how the application aligns with the RFA. It should also summarize the overarching problem to be addressed and the contributing factors. Applicant must clearly identify the goal(s) of this project.

PROJECT OR POPULATION NEED

This section should help reviewers understand the needs of the population intended to be served by the proposed project.

- Provide an overview of constituent population as relevant to the project, including rates of premature births; low-birth weight infants; infant mortality (including infant death due to

neglect); child maltreatment; and other indicators conferring risk for poor perinatal, newborn, or child health outcomes, and corresponding social determinants of health.

- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 Scope of Services *(please see Performance Requirements Section for more details)*, and 4.4 Program Strategies, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.

A.1 Evidence-based Home Visiting model:

The applicant must explain how the Parents as Teachers model will address the needs identified in the targeted community or communities.

- Describe prior experience with implementing the Parents as Teachers model or an alternate home visiting model, if any, as well as the current capacity to support replication of the model.
    - If you have been implementing the model for more than two years, please provide data on caregiver and child outcomes that has resulted from participation in the home visiting model to date. (*If you are a new affiliate implementing Parents as Teachers model, please describe your experience in implementing a similar program or service to scale and continue with below request.*)
- Describe the plan for ensuring implementation, with fidelity to the model, and include a description of the following:
    - the overall approach to home visiting quality assurance and improvement;
    - the approach to program assessment and support of model fidelity; and
    - anticipated challenges and risks to maintaining quality and fidelity, and the proposed solutions to address the issues identified.
- Discuss anticipated challenges and risks of selected program model, and the proposed response to address the issues identified.
- Discuss any anticipated expansion or model enhancement efforts
- Discuss any anticipated technical assistance needs.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work.

- Describe the applicant's experience working collaboratively with government agencies, including public housing, behavioral health, education and child welfare, to implement community-based programs;
- Describe the applicant's experience working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community health and social outcomes;
- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to support the implementation, and evaluation, if applicable, of the applicant's program; and
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.

IMPLEMENTATION

This section should provide an overview for the project implementation and for ongoing monitoring of the quality of implementation of the chosen model at the community, agency, and participant level. Applicants should address all areas described below.

- Participant Engagement:
    - The estimated number of families served,
    - Plans to identify, recruit, enroll, and retain participants in the program,
    - A plan for minimizing the attrition rates for participants enrolled in the program,
    - An estimated timeline to reach the maximum caseload,
    - Assurance that priority will be given to serve participants from priority subpopulations *(please see Performance Requirements Section for more details)*,
    - Assurance that required screenings *(please see Performance Requirements Section for more details)* will be conducted with participant families and that services and referrals will be provided in accordance with those individual assessments; and
    - Assurance that services will be provided on a voluntary basis.
- Community Engagement:
    - A description of the process for engaging the target community (communities) in the implementation of the proposed home visiting model, including identifying the organizations, institutions or other groups and individuals consulted.
    - Describe how coordination among the proposed home visiting model and other existing programs and resources in those communities, especially regarding health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services.
- Program Staffing:
    - Describe the plan for recruiting, hiring, and retaining appropriate staff for all positions.

    - Describe the plan to ensure high quality supervision and reflective practice for all home visitors and supervisors.
    - Describe how and what types of initial and ongoing training and professional development activities will be provided for staff.
- Program Monitoring:
    - Describe the management information system(s) that will be used to track data on program implementation, referrals, and participants' outcomes.
    - Describe incorporating and management of DC Health Data Reporting Platforms.
    - Explain the approach to monitoring, assessing, and supporting implementation with fidelity to the chosen model(s) and maintaining quality assurance.
    - Describe how ongoing continuous quality improvement will be incorporated; and,
    - Discussion of anticipated challenges to maintaining quality and fidelity, and the proposed response to the issues identified.
- Sustainability:
    - Propose a plan for project sustainability after the period of funding ends, which sustains key methods and activities of the project.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting individual-level demographic and service-utilization data on the participants in their program as necessary to reach 85% capacity of the target population based on a needs assessment, analyze and understand the progress children and families are making. Individual-level demographic and service utilization data may include but are not limited to the following:

- Family's participation rate in the home visiting program (e.g., number of sessions/numbers of possible sessions, duration of sessions).
- Demographic data for the participant child or children, pregnant woman, expectant father. parent(s), or primary caregiver(s) receiving home visiting services including child's gender, age of all (including age in month for child) at each data collection point and racial and ethnic background of all participants in the family.
- Family socioeconomic indicators (e.g., family income, employment status).

In addition to the reporting demographic and service-utilization data, applicants must collect all performance measures (Attachment 4) data. The applicant must propose a plan for collecting data on all families that have been enrolled in the home visiting program. This section should address the following:

- A plan for a data collection schedule including how often the measure will be collected and analyzed. Include a plan in participation and management of DC Health Data Reporting Platforms.

- Describes the minimum qualifications or training requirements for administrators of measures, qualifications of personnel responsible for data management, and the time estimated for the data collection-related activities by personnel categories.
- A plan for ensuring the quality of data collection and analysis.
- Plans for gathering and analyzing demographic and service-utilization data on the children and families served to better understand the progress children and families are making and inform *quality assurance* and improvement (*QA*/*QI*) activities.
- A plan for data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm (e.g., questions related to domestic violence and child maltreatment reporting), and compliance with applicable regulations related to IRB/human subject protections, HIPAA, and FERPA. The plan must include training for all relevant staff on these topics.
- Any anticipated barriers or challenges in the benchmark reporting process (including the data collection and analysis plan) and possible strategies for addressing these challenges.

ORGANIZATIONAL CAPACITY

This section should provide information on the applicant's current mission and structure and scope of current activities; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations. This section should also include a description of any experience with early childhood development and child health services. This factor will determine an applicant's experience with family services that embrace the concepts of family-centered and strength-based service provision; understands the risk and resilient factors that families have; experience in providing services to culturally diverse communities/families; and experience in home visitation with a strong background in prevention services to the target population.

- Describe the extent to which staff reflect the cultural, racial, linguistic, and geographic diversity of the populations and community (communities) served.
- Describe experience in serving the target population(s) the applicant proposes to serve.
- Describe the agency's experience implementing quality improvement activities.
- Describe fiscal practices to prevent commingling of funding from other sources.
- Describe sustainability plans for continuation of the initiative beyond the life of this funding opportunity; including additional sources of funding the program will pursue.

ORGANIZATIONAL CHART

A one-page organizational chart is required *(no template provided)*. Include position titles, staff names (noting vacancies), contractors, and other significant collaborators for the program. The chart should also include a depiction of where the grant program staff will lie within your greater organization.

WORK PLAN

The work plan is required. The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates, and projected outcomes.

The work plan should include process objectives and measures. Objectives should be SMART. The attributes of a SMART objective are as follows:

- Specific: includes the "who," "what," and "where." Use only one action verb to avoid issues with measuring success.
- Measurable: focuses on "how much" change is expected.
- Achievable: realistic given program resources and planned implementation.
- Relevant: relates directly to program/activity goals.
- Time-bound: focuses on "when" the objective will be achieved.

Objectives are different from listing program activities. Objectives are statements that describe the results to be achieved and help monitor progress towards program goals. Activities are the actual events that take place as part of the program.

The workplan is entered directly into EGMS. However, a template document is provided for grant planning purposes (Attachment 1).

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in form provided (Attachment 2). The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).

Note: Enterprise Grants Management System (EGMS) will require additional entry of budget line items and details. This entry does not replace the required upload of a budget narrative using the required templates.

Key Budget Requirements

The budget should reflect a 12-month period, as follows:

- October 1, 2023 – September 30, 2024

Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

BUDGET JUSTIFICATION

The application should include a budget justification (Attachment 3). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

Include the following in the budget justification narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting.

Fringe Benefits: Fringe benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

Consultants/Contractual: Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

Travel: The budget should reflect the travel expenses associated with implementation of the program and other proposed trainings or workshops, with breakdown of expenses, e.g., airfare, hotel, per diem, and mileage reimbursement.

Supplies: Office supplies, educational supplies (handouts, pamphlets, posters, etc.), personal protective equipment (PPE).

Equipment: Include the projected costs of project-specific equipment. Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

Communication: Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.

Other Direct Costs: Other direct costs category contains items not included in the previous categories. Give justification for all the items in the "other" category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the "other direct cost" category except costs for consultant and/or contractual.

RISK SELF-ASSESSMENT

The risk self-assessment (template provided) is to assess the risk of applicants. The form should be completed by the Executive Director, Board Chairperson or a delegate knowledgeable of the organization's current and past capabilities.

STAFFING PLAN

The applicant's staffing plan must be submitted (no template provided) including roles, responsibilities, and qualifications of personnel for the following functional areas:

- Overall grant oversight and administration (e.g., primarily the role of the project director or principal investigator)
- Day-to-day program management and staff supervision (e.g., primarily the role of the project coordinator)

LETTERS OF COMMITMENT (LOC)

Signed LOCs must detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the LOC.[18]

6. EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The four review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review:

CRITERION 1: NEED

(10 POINTS) – Corresponds to Sections: Overview and Project or Population Need (5 points each)

The extent to which the application:

- Describes the purpose of the project and the contributing factors to the problem;

[18] LOCs are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support will not be considered during the review.

- Applicant demonstrates strong understanding of the specific problem(s), health disparities and contributing factors to be addressed within the target population related to children's developmental health and family well-being

CRITERION 2: IMPLEMENTATION

(50 POINTS) – Corresponds to Sections: Project Description and Work Plan

The feasibility and likely effectiveness of plans for dissemination and scaling of project results; and the degree to which the project activities are replicable in additional communities.

- Applicant demonstrates a strong understanding of the Parents as Teachers evidence-based intervention to address the need of the target community (communities). (10 points)
- Applicant describes a clear plan how participants will be recruited, enrolled, and retained in the program. (10 points)
- Applicant describes a clear plan how staff will be recruited, trained, supervised, retained and integrated into existing team and efforts to reduce and monitor administrative burden among staff. (10 points)
- Applicant describes how proposed strategies will lead to improved health outcomes in proposed target community/communities. (5 points)
- Applicant describes the activities and their ability to address the problem and attain project objectives (10 points)
- Includes a work plan that is a logical and realistic plan of action for timely and successful achievement of objectives that support program goals (5 points)

CRITERION 3: EVALUATIVE MEASURES

(20 POINTS) – Corresponds to Sections: Performance Monitoring (5 points each)

- Describes activities to monitor and assess fidelity to the chosen home visiting model
- Describes how data will be collected and managed (e.g assign skilled staff, data management software) to accurately report on proposed program process and outcome measures. Describe projected alignment of eMR/her system with DC Health Data System
- Describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project. Demonstrates the capacity to collect and review demographic, service-utilization, and performance measure data
- Applicant demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period

CRITERION 4: CAPACITY

(20 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity

This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- Describes the qualifications and experiences of the project personnel (by training and/or experience) early childhood systems development and leadership; children's developmental health, family well-being, and place-based community involvement to implement and carry out the project. (4 points)

- Demonstrates adequate information management infrastructure to collect and analyze program data to the extent to which the applicant described how quality assurance and improvement (QA/QI) activities will be incorporated into programmatic implementation (4 points)
- Experience and past successes working collaboratively with government agencies and non- government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal. (4 points)
- Participation of other partners in the project (e.g., Healthy Start, Home Visiting; WIC; housing; public-private early childhood partnerships; and businesses) that support children's developmental health and family well-being. (4 points)
- Demonstrates the capacity to fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. (2 points)
- Organization has demonstrated reach and established relationships within target population. (2 points)

7. REVIEW AND SCORING OF APPLICATION

7.1 ELIGIBILITY AND COMPLETENESS REVIEW

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the external review panel. **Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review**. Applicants will be notified that their applications did not meet eligibility.

7.2 EXTERNAL REVIEW

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in public health program planning and implementation, health communications planning and evaluation, and social services planning and implementation. The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

7.3 INTERNAL REVIEW

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM).

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

8. POST AWARD ASSURANCES & CERTIFICATIONS

Should DC Health move forward with an award, additional assurances may be requested in the post award phase. These documents include:

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Certification of current/active Articles of Incorporation from DCRA.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application ineligible to receive a Notice of Grant Award.

9. APPLICATION SUBMISSION

In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g., upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

9.1 REGISTER IN EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations will not be approved by the Office of Grants Management in time for submission. To register, complete the following:

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions. You can also refer to the EGMS Reference Guides.
2. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
3. Your EGMS registration will require your legal organization name, your **UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance. Primary Points of Contact: Jennifer Prats and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Tax ID or expired SAM registration
- Web browser

9.2 Uploading the Application

All required application documents must be uploaded and submitted in EGMS. Required documents are detailed below. All of these must be aligned with what has been requested in other sections of the RFA.

- ***Eligibility Documents***
    - Certificate of Clean Hands dated within 60 days of the application deadline
    - Current business license or certificate of licensure or proof to transact business in local jurisdiction
    - Current Certificate of Insurance
    - Copy of Cyber Liability Policy
    - IRS Tax-Exempt Determination Letter (for nonprofits only)
    - IRS 990 Form from most recent tax year (for nonprofits only)
    - Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
    - Assurances Certifications Disclosures

- ***Proposal Documents***
    - Proposal Abstract
    - Project Narrative (10-page maximum)
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan
    - Staffing Plan
    - Letters of Commitment

9.3 Deadline

Submit your application via EGMS by 6:00 p.m., on the deadline date of August 1, 2023. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

Please visit the Office of Grants Management Eventbrite page to learn the date/time and to register for the event.

The meeting will provide an overview of the RFA requirements and address specific issues and concerns about the RFA. Applicants are not required to attend but it is highly recommended. ***Registration is required***.

RFA updates will also be posted on the District Grants Clearinghouse.

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after July 25, 2023.

11. GRANTEE REQUIREMENTS

If the applicant is considered for funding based on the results of the completion and receives a Notice of Intent to Fund and subsequently accepts grants award, the following requirements are in effect:

11.1 GRANT TERMS & CONDITIONS

All grants awarded under this program shall be subject to the DC Health Standard Terms and Conditions. The Terms and Conditions are embedded within EGMS, where upon award, the applicant organization can accept the terms.

11.2 GRANT USES

The grant awarded under this RFA shall be used exclusively to pay costs associated with the implementation of the grant. Payment requests will be monitored by DC Health to ensure compliance with the approved budget and work plan.

11.3 CONDITIONS OF AWARD

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.
2. Meet pre-award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.
3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The NOGA shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

11.4 Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. For federally-funded grants, indirect costs are applied in compliance with 2 CFR 200.332.

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

11.5 Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

DC Health reserves the right to request certificates of liability and liability policies pre-award and post-award and make adjustments to coverage limits for programs per requirements promulgated by the District of Columbia Office of Risk Management.

11.6 Vendor Registration in PASS

All applicants that that are new vendors with any agency of the District of Columbia government require registration in PASS, the District's payment system. To do so, applicants must register with the Office of Contracting and Procurement. It is recommended that all potential new vendors with the District begin the registration process prior to the application submission.

11.7 Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to 2 CFR 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

11.8 Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be

denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

11.9 Quality Assurance

DC Health will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees will submit interim and final reports on progress, successes, and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance rating shall be completed by DC Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

12. ATTACHMENTS

Attachment 1: Assurances and Certifications

Attachment 2: Budget Table

Attachment 3: Budget Justification

Attachment 4: Work Plan

Attachment 5: Performance Measure Table

Appendix A: Minimum Insurance Requirements

Appendix B: Assurances and Certifications

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

A. GENERAL REQUIREMENTS. The Grantee at its sole expense shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Grantee shall have its insurance broker or insurance company submit a Certificate of Insurance to the PM giving evidence of the required coverage prior to commencing performance under this grant. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the PM. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an A.M. Best Company rating of A- / VII or higher. Should the Grantee decide to engage a subcontractor for segments of the work under this contract, then, prior to commencement of work by the subcontractor, the Grantee shall submit in writing the name and brief description of work to be performed by the subcontractor on the Subcontractors Insurance Requirement Template provided by the CA, to the Office of Risk Management (ORM). ORM will determine the insurance requirements applicable to the subgrantee and promptly deliver such requirements in writing to the Contractor and the CA. The Grantee must provide proof of the subcontractor's required insurance to prior to commencement of work by the subcontractor. If the Grantee decides to engage a subcontractor without requesting from ORM specific insurance requirements for the subcontractor, such subcontractor shall have the same insurance requirements as the Contractor.

All required policies shall contain a waiver of subrogation provision in favor of the Government of the District of Columbia.

The Government of the District of Columbia shall be included in all policies required hereunder to be maintained by the Grantee and its subcontractors (except for workers' compensation and professional liability insurance) as an additional insureds for claims against The Government of the District of Columbia relating to this grant, with the understanding that any affirmative obligation imposed upon the insured Grantee or its subcontractors (including without limitation the liability to pay premiums) shall be the sole obligation of the Grantee or its subcontractors, and not the additional insured. The additional insured status under the Grantee and its subcontractors' Commercial General Liability insurance policies shall be effected using the ISO Additional Insured Endorsement form CG 20 10 11 85 (or CG 20 10 07 04 **and** CG 20 37 07 04) or such other endorsement or combination of endorsements providing coverage at least as broad and approved by the PM in writing. All of the Grantee's and its subcontractors' liability policies (except for workers' compensation and professional liability insurance) shall be endorsed using ISO form CG 20 01 04 13 or its equivalent so as to indicate that such policies provide primary coverage (without any right of contribution by any other insurance, reinsurance or self-insurance, including any deductible or retention, maintained by an Additional Insured) for all claims against the additional insured arising

out of the performance of this Statement of Work by the Grantee or its subcontractors, or anyone for whom the Grantee or its subcontractors may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

If the Grantee and/or its subcontractors maintain broader coverage and/or higher limits than the minimums shown below, the District requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Grantee and subcontractors.

1. Commercial General Liability Insurance ("CGL") - The Grantee shall provide evidence satisfactory to the PM with respect to the services performed that it carries a CGL policy, written on an occurrence (not claims-made) basis, on Insurance Services Office, Inc. ("ISO") form CG 00 01 04 13 (or another occurrence-based form with coverage at least as broad and approved by the PM in writing), covering liability for all ongoing and completed operations of the Contractor, including ongoing and completed operations under all subcontracts, and covering claims for bodily injury, including without limitation sickness, disease or death of any persons, injury to or destruction of property, including loss of use resulting therefrom, personal and advertising injury, and including coverage for liability arising out of an Insured Contract (including the tort liability of another assumed in a contract) and acts of terrorism (whether caused by a foreign or domestic source). Such coverage shall have limits of liability of not less than $1,000,000 each occurrence, a $2,000,000 general aggregate (including a per location or per project aggregate limit endorsement, if applicable) limit, a $1,000,000 personal and advertising injury limit, and a $2,000,000 products-completed operations aggregate limit including explosion, collapse and underground hazards.

2. Automobile Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of commercial (business) automobile liability insurance written on ISO form CA 00 01 10 13 (or another form with coverage at least as broad and approved by the PM in writing) including coverage for all owned, hired, borrowed and non-owned vehicles and equipment used by the Contractor, with minimum per accident limits equal to the greater of (i) the limits set forth in the Contractor's commercial automobile liability policy or (ii) $1,000,000 per occurrence combined single limit for bodily injury and property damage.

3. Workers' Compensation Insurance - The Grantee shall provide evidence satisfactory to the PM of Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the grant is performed.

   Employer's Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of employer's liability insurance as follows: $500,000 per accident for injury; $500,000 per employee for disease; and $500,000 for policy disease limit.

   All insurance required by this paragraph 3 shall include a waiver of subrogation endorsement for the benefit of Government of the District of Columbia.

4. Cyber Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of Cyber Liability Insurance, with limits not less than $2,000,000 per occurrence or claim, $2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Grantee in this agreement and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations. This insurance requirement will be considered met if the general liability insurance includes an affirmative cyber endorsement for the required amounts and coverages.

5. Medical Professional Liability - The Grantee shall provide evidence satisfactory to the PM of a Medical Professional Liability policy with limits of not less than $1,000,000 each incident and $2,000,000 in the annual aggregate. The definition of insured shall include the Grantee and all Grantee's employees and agents. The policy shall be either (1) written on an occurrence basis or (2) written on a claims-made basis. If the coverage is on a claims-made basis, Contractor hereby agrees that prior to the expiration date of Contractor's current insurance coverage, Contractor shall purchase, at Contractors sole expense, either a replacement policy annually thereafter having a retroactive date no later than the effective date of this Contract or unlimited tail coverage in the above stated amounts for all claims arising out of this Contract.

6. Professional Liability Insurance (Errors & Omissions) - The Grantee shall provide Professional Liability Insurance (Errors and Omissions) to cover liability resulting from any error or omission in the performance of professional services under this Contract. The policy shall provide limits of $1,000,000 per claim or per occurrence for each wrongful act and $2,000,000 annual aggregate. The Grantee warrants that any applicable retroactive date precedes the date the Grantee first performed any professional services for the Government of the District of Columbia and that continuous coverage will be maintained or an extended reporting period will be exercised for a period of at least ten years after the completion of the professional services.

7. Sexual/Physical Abuse & Molestation - The Grantee shall provide evidence satisfactory to the PM with respect to the services performed that it carries $1,000,000 per occurrence limits; $2,000,000 aggregate of affirmative abuse and molestation liability coverage. Coverage should include physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse; any actual, threatened or alleged act; errors, omission or misconduct. This insurance requirement will be considered met if the general liability insurance includes an affirmative sexual abuse and molestation endorsement for the required

amounts. So called "silent" coverage under a commercial general liability or professional liability policy will not be acceptable.

8. Commercial Umbrella or Excess Liability - The Grantee shall provide evidence satisfactory to the PM of commercial umbrella or excess liability insurance with minimum limits equal to the greater of (i) the limits set forth in the Grantee's umbrella or excess liability policy or (ii) $2,000,000 per occurrence and $2,000,000 in the annual aggregate, following the form and in excess of all liability policies. **All** liability coverages must be scheduled under the umbrella and/or excess policy. The insurance required under this paragraph shall be written in a form that annually reinstates all required limits. Coverage shall be primary to any insurance, self-insurance or reinsurance maintained by the District and the "other insurance" provision must be amended in accordance with this requirement and principles of vertical exhaustion.

B. PRIMARY AND NONCONTRIBUTORY INSURANCE
The insurance required herein shall be primary to and will not seek contribution from any other insurance, reinsurance or self-insurance including any deductible or retention, maintained by the Government of the District of Columbia.

C. DURATION. The Grantee shall carry all required insurance until all grant work is accepted by the District of Columbia and shall carry listed coverages for ten years for construction projects following final acceptance of the work performed under this contract and two years for non-construction related contracts.

D. LIABILITY. These are the required minimum insurance requirements established by the District of Columbia. However, the required minimum insurance requirements provided above will not in any way limit the contractor's liability under this contract.

E. CONTRACTOR'S PROPERTY. Contractor and subcontractors are solely responsible for any loss or damage to their personal property, including but not limited to tools and equipment, scaffolding and temporary structures, rented machinery, or owned and leased equipment. A waiver of subrogation shall apply in favor of the District of Columbia.

F. MEASURE OF PAYMENT. The District shall not make any separate measure or payment for the cost of insurance and bonds. The Grantee shall include all of the costs of insurance and bonds in the grant price.

G. NOTIFICATION. The Grantee shall ensure that all policies provide that the CO shall be given thirty (30) days prior written notice in the event of coverage and / or limit changes or if the policy is canceled prior to the expiration date shown on the certificate. The Grantee shall provide the PM with ten (10) days prior written notice in the event of non-payment of premium. The Grantee will also provide the PM with an updated Certificate of Insurance should its insurance coverages renew during the contract.

H. CERTIFICATES OF INSURANCE. The Grantee shall submit certificates of insurance giving evidence of the required coverage as specified in this section prior to commencing work. Certificates of insurance must reference the corresponding contract number. Evidence of insurance must be submitted to the: Enterprise Grants Management System.

The PM may request and the Grantee shall promptly deliver updated certificates of insurance, endorsements indicating the required coverages, and/or certified copies of the insurance policies. If the insurance initially obtained by the Grantee expires prior to completion of the contract, renewal certificates of insurance and additional insured and other endorsements shall be furnished to the CO prior to the date of expiration of all such initial insurance. For all coverage required to be maintained after completion, an additional certificate of insurance evidencing such coverage shall be submitted to the CO on an annual basis as the coverage is renewed (or replaced).

I. DISCLOSURE OF INFORMATION. The Grantee agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Grantee, its agents, employees, servants or subcontractors in the performance of this contract.

J. CARRIER RATINGS. All Grantee's and its subcontractors' insurance required in connection with this contract shall be written by insurance companies with an A.M. Best Insurance Guide rating of at least A- VII (or the equivalent by any other rating agency) and licensed in the District.